

Skills Sheet (please print and bring to tryouts!)

Student Name _____ **Height** _____ **ft.**

Age As of August 31st, 2009 _____ **Birth date** _____ **Grade ('09-'10)** _____

School ('09-'10) _____

Parent/Guardian _____

Relationship to Student _____

Address: _____

Home Phone _____ **Email** _____

Daytime Phone _____ **Cell Phone** _____

Cheer/Dance/Gymnastics:

How many years have you had of the following:

Cheer experience? _____ **Dance experience?** _____ **Gymnastics experience?** _____

Competitive Cheer years _____ **Competitive Dance years** _____ **Competitive Gymnastics years** _____

What teams/organizations have you been involved with in the past?

Have you had any individual cheer/dance/gymnastics awards/recognitions?

Circle all skills you can perform without a spotter: Cartwheel / Round off / Back Walkover / Front Walkover / Back Extension roll / 5 second Handstand / 10 second Handstand / Front Handspring / Back Handspring / Front Tuck / Back Tuck / Side Aerial / Round off Back Handspring / Round off 2 back handsprings / Round off Tuck / Round off BHS Tuck / Round off BHS Layout / Full Twist / X-Out

Other: _____

Have you ever been...

Base? yes / no If yes what stunts can you safely perform

Flyer? yes / no If yes what stunts can you safely perform

Back Spot? yes / no If yes, what stunts can you safely perform

